



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

March 11, 2022

**Commissioner Manisha Juthani, MD
860-509-7101**

House Bill 5430, AN ACT CONCERNING OPIOIDS

The Department of Public Health (DPH) provides the following information regarding House Bill 5430, which makes various changes to combat the opioid epidemic in Connecticut. Thank you for the opportunity to testify on this important issue.

DPH is supportive of efforts outlined in this bill, specifically the following proposed statutory revisions:

1. Allowing the purchase and distribution of fentanyl testing strips for harm reduction purposes
2. Allowing methadone to be administered remotely through a mobile narcotic treatment program that follows existing U.S. Drug Enforcement Administration (DEA) regulations

The number of people who are injured or have died from an opioid-involved overdose in Connecticut has risen each year since 2012. Data show that the COVID-19 pandemic has only exacerbated this increase. With these proposed measures in place, Connecticut will be mirroring federal laws, enhancing prevention of accidental overdose, and promoting access to treatment services, thereby saving lives.

The Department has concerns with sections 3 and 4 of this bill, which remove the requirement for a pharmacist to receive appropriate training by a program approved by the Department of Consumer Protection prior to prescribing naloxone. There have been numerous incidents where this medication was not used appropriately and with resulting negative outcomes. Proper training of individuals who may have the need to use naloxone is essential to the effective use of this product.

While DPH agrees with the intent of section 9, as data sharing is an important measure for tracking and monitoring the opioid epidemic, the Department respectfully requests that this section be removed from the bill. Interagency data sharing to address the opioid crisis is currently taking place, and the Department has several Memoranda of Understanding with sister state agencies to track data specifically related to the administration of associated grant funded initiatives. Additionally, the Connecticut Alcohol and Drug Policy Council (ADPC) facilitates such data sharing, consistent with its charge to develop and coordinate a statewide integrated substance use plan. The Council's membership includes multiple state agencies, substance use providers, and other stakeholders. The ADPC releases a triennial report comprising information on substance use resources, ongoing project summaries, and policy recommendations. DPH will continue working with our sister state agencies and the ADPC to further initiatives in our state that are combating the opioid epidemic.

***Phone: (860) 509-7269,
410 Capitol Avenue - MS # 13GRE, P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer***

Lastly, the Department respectfully requests that the following modification of the language in CGS Sec. 19a-493(c)(1) be added to this bill.

(c) (1) A multicare institution may, under the terms of its existing license, provide behavioral health services or substance use disorder treatment services on the premises of more than one facility, at a satellite unit or at another location outside of its facilities or satellite units that is acceptable to the patient receiving services and is consistent with the patient's assessment and treatment plan. Such behavioral health services or substance use disorder treatment services may include methadone delivery and related substance use treatment services to persons in a nursing home facility pursuant to the provisions of section 19a-495c or a mobile narcotic treatment program as defined in 42 CFR Part 1300.

This language will allow licensed substance use facilities to implement mobile narcotic treatment programs.

Thank you for your consideration of this testimony.